Life & Times

Every contact leaves a trace

A few years ago I was on holiday when I briefly got chatting with a fellow tourist - a kind police officer - by the pool, who had been and was still working his way through 'burnout', relating to his work.

He had written a book about his experiences, which introduced me to what is known as 'Locard's Exchange Principle'1 and the fact that 'every contact leaves a trace'. Although this principle is one of the founding concepts in forensics, in his book he related it to how every traumatic or emotionally difficult situation leaves a residue or emotional memory within you, no matter how small, and how this can build up, sometimes leading to burnout and other psychological consequences.

'Locard's Exchange Principle' in forensic science holds that the perpetrator of a crime will bring something to the crime scene and will leave with something from it;1 it was originally devised by the 'Sherlock Holmes of Lyon', France, Dr Edmond Locard (1877-1966), a criminologist. This basic principle of forensic science is the concept that every contact leaves a trace and that with contact between two items, there will always be an exchange. This made me think that similarly in general practice you could say that every consultation leaves a trace; some consultations may leave much more than a trace, but a fully-fledged scar that needs healing, with consequences for both the GP and the patient.

EMOTIONAL LABOUR

In consultations there is an emotional exchange between the doctor and the patient. Usually the patient comes to see you in a state of anxiety, ill health, sometimes frustration and anger, and then projects this and sends these emotional messages to the GP. The GP will then have to absorb these anxieties, frustrations, and — let's face it commonly negative feelings, package them up, and set out to diagnose, reassure, and



console in as understanding and empathetic way as possible. Currently in general practice, as previously,2 GPs are seeing up to 60 patients a day on busy days (but now as a mixture of telephone and face-to-face appointments). Let's say there are these 60 emotional transactions, during for instance, a busy on-call day. This means the GP will be absorbing 60 individuals numerous anxieties ('could I have cancer doctor? ... I googled it and it said so'), grief, anger, frustration, and

If you are an empathetic doctor some of the emotions will stay in you and leave a lasting effect — you may struggle to sleep; you may feel anxious; you may feel worried for no particular reason; you may wake up in the middle of the night, your subconscious bringing something to the surface of your consciousness from the day before. You may feel fear. You may want to avoid seeing patients and other people in general.

It explains why you are that much more exhausted after you have done eight clinical sessions that week rather than your normal six. Your emotional reserves and battery are depleted and need the weekend to at least partially charge them up again. It is why 'GP sessions' spent sitting in meetings, or Clinical Commissioning Group boards and so on is never equivalent to clinical sessions in terms of exposure to emotional energy and clinical risk, leading to the risk of burnout.

PATIENTS REMEMBER THE GOOD AND **THE BAD GPs**

We may not be aware of it but every consultation leaves a trace and every consultation is a risk. This is, however, what makes the job of a GP so worthwhile: you take that risk, you absorb the negative emotional energy, and you try and do your very best for each and every patient who comes to see you.

Clinical general practice (I'm afraid I have to differentiate this from some GPs who now seem to be mainly managers) is one of those 'make a difference' jobs: you can really make a difference to peoples' lives, not only through correct diagnoses and clinical decision making, but through being sympathetic, empathetic, taking time to listen and just by being there, and bearing witness to the patient or patients in front of you. It is a job that can make a huge difference and positive impact on people's lives, but with this there is personal risk to yourself and sometimes your own health if you're not careful.

If you do it right, patients will remember you; if you do it wrong, patients will also remember you. If you spend your whole time sitting in lots of boring meetings: no-one will remember you. Take the risk; see patients; but be careful.

Every contact leaves a trace.

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